

**SCHEDULE A-P
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5192 / 15804

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cruz for President**A. Full Name (Last, First, Middle Initial)****MR. JAMES E. HALL**

Mailing Address P.O. BOX 10666

City	State	Zip Code
MIDLAND	TX	79702-7666

FEC ID number of contributing
federal political committee.**C**Name of Employer
SELF-EMPLOYEDOccupation
OIL & GAS OPERATOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5800.00

Transaction ID : SA17.316374B

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			15			2015			

CONTRIBUTION

Amount of Each Receipt this Period

-400.00

[MEMO ITEM]

REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)**MR. JAMES E. HALL**

Mailing Address P.O. BOX 10666

City	State	Zip Code
MIDLAND	TX	79702-7666

FEC ID number of contributing
federal political committee.**C**Name of Employer
SELF-EMPLOYEDOccupation
OIL & GAS OPERATOR

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5800.00

Transaction ID : SA17.466295

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			15			2015			

CONTRIBUTION

Amount of Each Receipt this Period

400.00

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)**MR. JAMES E. HALL**

Mailing Address P.O. BOX 10666

City	State	Zip Code
MIDLAND	TX	79702-7666

FEC ID number of contributing
federal political committee.**C**Name of Employer
SELF-EMPLOYEDOccupation
OIL & GAS OPERATOR

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5800.00

Transaction ID : SA17.562304

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2015			

CONTRIBUTION

Amount of Each Receipt this Period

400.00

REATTRIBUTION / REDESIGNATION REQUESTED

Subtotal Of Receipts This Page (optional).....

400.00

Total This Period (last page this line number only).....